

PREMIUM SERVICE REQUEST FORM

	Date / Time	
Project Address		
APD Number		
CRR _		
aware that Walk-Thru and Examination only. Further purposes of Customer Ser involved in the process ma	the undersigned does certify and agree to the appropriate After Hours, Nights and Weekends services are de more, Premium Set Up and Expedited Contractor's vice only. Incomplete paperwork, high customer voluy make it necessary to return the next day. <i>These in to standard permit fees.</i>	signated for the purposes of Plan Registration are designated for the ume and the availability of other agencies
Applicant Name _		
Applicant Signature _		
Phone Number _		
the date of the request.	prepared and ready for Customer Service and the ap WALK THRU for 1, 2 & 3 family buildings	plicant must be seated for service by 3pm on \$79 per application
COMMERCIAL	WALK THRU including 4+ family buildings	\$441 per application
AFTER HOUR	S/NIGHT AND WEEKENDS	\$441 per application + \$105 per hour + Plan examiners hourly rate
Requests should be submi	itted by 12pm on the date of the request due to the co	emplexity of the process
PREMIUM SE	ΓUP	\$263.00 per application.
EXPEDITED C	ONTRACTOR REGISTRATION	\$200